

Sec. 23 APPLICATION REQUIREMENTS

Paragraph A is amended as follows:

A. Application Information

The applicant shall provide underwriting and other information required on the application. The application shall request the following information:

1. Last name, first name, middle name, or initial of the named insured
2. Residence address (street number, street name, apartment number, city, state, zip code) and telephone number (including area code), if any
3. Mailing address if different from residence
4. Occupation and length of time at current employer
5. Employer name (or D.B.A.) street number, street name, suite number, city, state, and zip code, ~~and business telephone number, if any~~
6. Vehicle year, make, model, ~~and~~ vehicle identification number, and whether new or used
7. State registered and registered owner's name
8. If uninsured motorist property damage coverage is purchased, information regarding whether there is existing damage to the vehicle
9. Usage of vehicle (pleasure, work, business, or farm) and the number of miles driven to work or school (one way)
10. Garaging address if vehicle not garaged at residence
11. Rating band and rate class for as many vehicles as listed
12. Premium amounts for coverage (listed individually)
13. Total policy premium amount, plus gross deposit amount submitted
14. Selection of payment plan option
15. Total deposit amount received from the applicant, method of payment (if producer's check method by which the applicant paid the producer and whether a receipt was provided to the applicant), and the number of the check or money order submitted
16. ~~45.~~ California driver's license number of all the drivers in the household, and the license number of any driver's license issued by another state within the last 12 months, if any
17. ~~46.~~ Indicate years licensed of all the drivers in the household, and if less than three years indicate the date the license was first issued
18. ~~47.~~ Indicate the individuals in the household who do not drive or are not licensed due to license suspension or revocation;
19. ~~48.~~ Indicate the relationship to applicant, percentage of use of vehicle, birth date, and gender of all licensed drivers in the household
20. ~~49.~~ Martial status, including name of spouse or registered domestic partner if not listed as an additional driver

~~21.~~ ~~20.~~ Indicate whether applicant is required to file evidence of financial responsibility with the Department of Motor Vehicles and, if so, indicate all information needed to make filing (the name of the individual requiring the filing, the type of filing required, the reason for the filing, and the state where the filing is required)

~~22.~~ ~~21.~~ Name of the ~~last~~ latest automobile insurer, policy number, termination date, and the reason for termination, if available

~~23.~~ ~~22.~~ Provide details about all motor vehicle convictions and accidents in the preceding three years involving the applicant and anyone who operates the applicant's vehicle(s)

~~24.~~ ~~23.~~ If the application is for a nonowner policy, provide all information, including rating band and rate class

Sec. 41. APPLICATION REQUIREMENTS

Paragraph A is amended as follows:

A. Application Information

The applicant shall provide underwriting and other character information required on the application. The application shall request the following information:

1. Last name, first name, middle name or initial of the named insured
2. D.B.A name, if applicable
3. Address (street number, street name, apartment number, city, state, zip code) and telephone number (including area code), and fax number, if any
4. Social security number and/or tax identification number
5. Mailing address if different from residence
6. Business of the applicant, and/or nature of the operation, including goods transported if any
7. Headquarters of business(if different from above
8. Whether the applicant is subject to a filing with a government agency, and if so, the type of filing required
9. Whether the applicant is required to file evidence of financial responsibility with the Department of Motor Vehicles, and if so, all information needed to make the filing, (the name of the individual requiring the filing, the type of filing required, the reason for the filing, and the state where the filing is required)
10. Individuals in the household who do not drive or are not license to drive due to license suspension or revocation
11. Name, driver's license number, state licensed, and date of birth of all operators
12. Martial status, including the name of spouse or registered domestic partner if not listed as an additional driver
13. Details about all motor vehicle convictions and accidents in the preceding three years involving the applicant and anyone who operated the applicant's vehicle(s)
14. A vehicle schedule which would include the following:

- a. Vehicle year, make, model, and vehicle identification number
 - b. State registered and registered owner's name
 - c. Garaging address (city, state, zip code)
 - d. Vehicle seating capacity (public autos only)
 - e. Vehicle gross weight (trucks only)
 - f. Vehicle gross combined weight (trucks only)
 - g. Vehicle size ((trucks only)
 - h. Vehicle use (trucks only)
 - i. Vehicle radius of operation
 - j. Vehicle rating territory
15. All coverages required, including any hired auto and/or employers nonownership. (if liability limits exceed minimum limits, indicate requirement)
16. Total policy premium amount, plus gross deposit amount submitted
17. Selection of payment plan option
18. Total deposit amount received from the applicant, method of payment (if producer's check method by which the applicant paid the producer and whether a receipt was provided to the applicant and the number of the check or money order submitted
19. ~~48.~~—Name of the ~~last~~ latest automobile insurer, policy number, termination date, and the reason for termination, if available